

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007151

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1012 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 8 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		c. CITY OR TOWN Kansas City,	
Length of stay in 1b 55 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wynn's Rest Home		d. STREET ADDRESS (If outside, give location) 1910 Woodland Avenue	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ida Middle Mae Last Williams			4. DATE OF DEATH Month February Day 12 Year 1963		
5. SEX female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-95	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Lee County, Texas	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	--

13a. FATHER'S NAME Sam Alcorn	13b. MOTHER'S MAIDEN NAME Harriett Cruthers	14. NAME OF HUSBAND OR WIFE William Williams
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT James Steward, K. C., Mo.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypercardiavascular disease DUE TO (c) Arteriosclerosis	
---	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour 7:45 a.m. p.m.	Month, Day, Year February 12, 1963
---	--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	COUNTY Jackson	STATE Missouri
--	--	---	--------------------------	--------------------------

21. I attended the deceased from February 12, 1963 and last saw her alive on February 12, 1963
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Taft, M.D.	22b. ADDRESS Kansas City Mo.	22c. DATE SIGNED 2-14-63
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-15-63	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C., Mo.	25. DATE RECD. BY LOCAL REG. 2-14-63	26. REGISTRAR'S SIGNATURE Keith Long
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION
George H. Taft

VS 300
Rev. 4/59
1
2 328
3
4 3
5 2
6
7 1
8 0
9 443X
10
11
12 86-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Puskins

Licensed Embalmer No. 5013

P. O. Address K.C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.